

Heritage-WTI, Inc.  
Incident Report

2011.1423

To be completed by the employee and supervisor  
before the end of the shift.

**I. Incident Information:**

Date: 5/11/2011 Time: 07:00

Type: Near Miss

Location: \_\_\_\_\_

Investigator(s):

Investigators - Manager: \_\_\_\_\_

Investigators - Safety Technician: \_\_\_\_\_

Investigators - Employee: \_\_\_\_\_

Investigators - Others:

Attachments:

**II. Employee Information:**

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: Other

Supervisor (GM) on Duty: \_\_\_\_\_ Overtime: 0

**If other than Heritage-WTI**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Was Company Notified?: 0

**III. Incident Scene Information:**

Specific Location: \_\_\_\_\_

PSM Location: 0

**Describe How the Incident Occured:**

On May 10, 2011 WTI experience a significant pressure excursion in the SCC. The pressure caused water to be pushed from the slag quench tank and took the unit off-line. Certain precautions were taken once the unit was back on line. However, WTI failed to keep contractors out of the area of the Boiler Outlet duct, which has been a very hazardous area to be in when significant pressure events take place. At 7:50am on 5/11/11, WTI experience an significant pressure event in the SCC. There were contractor in the boiler duct area at this time. Prior to these events, WTI management was told that contractors would only be in that area for 4-5 days after the 4/22 start up. That information was obviously inaccurate. These types of communications need to be more accurate for the safety of contractors and our own people (ERT).

**Type of Machinery/Equipment/Materials/Waste Involved:**

Waste Stream Profile: \_\_\_\_\_

Container Number: \_\_\_\_\_

Machinery / Equipment Placed:

Repairs Required

Out of Service

JAMS Work Order Number(s):

**IV. Events Causing the Incident:**

Describe the events and conditions that contributed to the incident. Include information on the worker, machinery and equipment, environment and management.

**V. Corrective Actions:**

Identify the factors listed above that can be corrected to prevent a reoccurrence of this type of accident. Indicate the person responsible for making the change and project a target date for completion of the task.

**\*\* Initial - Corrective Actions:****\*\* Long Term - Corrective Actions:**

CPAR Generated: 0

Responsible Person:

Bob  
Buchheit  
12:00:00  
AM

Target Completion Date:

Method of verification of Corrective Action.

Verification Date:

8/9/2011

**V. Incident Report Prepared by:**

Name: Carrie Beringer

Title: EHS Manager

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VI. Summary:**

Include comments that would promote a safe workplace environment and reduce an accidents potential in the future based on review of the events causing the Incident and implementation of Corrective Actions.

Risk Rating: High

Category: contractor

### VII. Injury Information:

Name of Injured person: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Body Part: \_\_\_\_\_

Work Start Time: 12:00:00 AM

Employee's Specific Task and Activity at Time of Injury:

Injury Treatment (Click all that are applicable):

Fatality

Onsite First Aid

Offsite Treatment

Other, Specify: \_\_\_\_\_

Drug and Alcohol Testing Done:

0

Date and Time:

12:00:00 AM

For Safety Manager:

First Aid

Recordable

Restricted Duty

Loss Work Days

**JAMS**

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